Name in Full

Jerry Allen

Certificate of Death

Died at Town Unionville County Frederick MARYLAND

Date 1904 Month April Day 20 | Age Y. 7 M. 11 D. | Native of Md. | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number ~~of children~~ living —

Husband of
Wife

Father's Name Columbus Allen | Mother's Maiden Name Laura Valentine

Cause of Death: Primary Scrofula — How long sick 11 Months

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Thomas P. Sappington M. D.

Address Unionville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Rachel R Armsparger

Certificate of Death

Died at Town: Sabillasville County: Frederick MARYLAND

Date 19 04 Month: Apl. Day: 27 | Age Y. 1 M. D. | Native of Sabillasville | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband of
Wife

Father's Name William A Armsparger | Mother's Maiden Name Annie Armsparger

Cause of Death: Primary Pneumonia | How long sick 6 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by C. L. Wachter M. D

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989

Name in Full

Certificate of Death

Russel Bohn

Died at Town: New Woodsboro County: Frederick MARYLAND

Date 189 4 Month: 4 Day: 23 — Age Y.: — M.: — D.: 14 Native of: Md. Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of —

Father's Name: R. Walter Bohn Mother's Name: Lottie S. Bohn

Cause of Death — Primary: Purpura Hemorrhagica one week. How long sick

Immediate: Malnutrition. Accident, Suicide, Homicide

Reported by W. H. Rabbit, M.D.

Address Woodsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Wm Walls & Grossnickle

Johnsville

Md.

Hundred.

Name in Full: Frances Borhan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dayeville — County: Frederick

Date of death 1904 — Month: April — Day: 2

Age — Years: — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Liberty town

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Edward Borhan 93 — Father's Birthplace: Liberty town

Mother's Maiden Name: Anna May Campbell — Mother's Birthplace: Liberty town

Name of person giving Information: Edward Borhan — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: one week

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Smith

Address: Liberty town. Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Miranda E. Boyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kemptown — County: Frederick

Date of death 1904: Month: Apr. — Day: 14 — Age: Years: 72 — Months: 10 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Wesley Boyer

Father's Name: George F. Kimley — Father's Birthplace: Md

Mother's Maiden Name: Hagabah Etchison — Mother's Birthplace: Md

Name of person giving Information: W. T. Lewis — How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 6 mo

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. C. Fout M.D.

Address: Kemptown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6881G

Name in Full: Sarah Lucy Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Bartonsville — County: Fredk

Date of death: 1904 — Month: 4 — Day: 17 — Age: Years 20 — Months 5 — Days —

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Servant — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Wm Brooks — Father's Birthplace: Md

Mother's Maiden Name: Rebecka Ayres — Mother's Birthplace: Md

Name of person giving Information: Undertaker — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 6 weeks

Immediate: Intestinal Contents — How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F Goodwin

Address: Frederick. Md

Accident or Suicide?

LIBRARY BUREAU A4801B

Name in Full: Norman Monroe Browning

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Mt Four — County: Frederick

Date of death 1904: Month: Apr — Day: 22 — Age: Years: 1 — Months: 1 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Monroe Browning — Father's Birthplace: Md

Mother's Maiden Name: Nannie L. Thompson — Mother's Birthplace: Md

Name of person giving Information: Monroe Browning — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever — How long: 5 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Downey & Hopkins

Address: New Market

Accident or Suicide?

LIBRARY BUREAU ABB313

Name in Full: Earnest Glenn Brunner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Foxville — County: Frederick

Date of death: 1904 — Month: April — Day: 15

Age — Years: 3 — Months: 0 — Days: 5

Sex: mal

Color or Race: white

Birthplace: Foxville, Md.

Occupation: Infant

Where Residing if not at place of death:

Married, Single or Widowed: Infant

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Brunner

Father's Birthplace: Maryland

Mother's Maiden Name: Emma S. Wilson

Mother's Birthplace: "

Name of person giving information:

How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burn — Brush fire — How long: 10 hrs.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Smith

Address: Wolfsville Md

Accident or Suicide? Accident

LIBRARY BUREAU A88816

Name in Full: Michael Casey (Tramp)

CERTIFICATE OF DEATH

MARYLAND

Died in Town: Thurmont County: Frederick

Date of death 1904: Month: April Day: 16 Years: Age About 65- Months: Days:

Sex: Male Color or Race: White Birthplace: Don't Know

Married, Single or Widowed: Occupation: Tramp

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism & Exposure How long: Found Dead

Immediate: Likely Pneumonia & Heart failure. How long: Found Dead

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. E. Stephens

Address: Thurmont, Maryland.

Accident or Suicide? Alcoholism

LIBRARY BUREAU A66516

Name in Full: James W. Castle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death	Month	Day	Years	Months	Days
1904	4	2	Age 36	2	4

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Middletown Md	
Occupation: Car Maker	Where Residing if not at place of death: Altoona Pa.		
Married, Single or Widowed: Married	Name of Wife or Husband: Amanda Denver		
Father's Name: Daniel W Castle		Father's Birthplace: F. Co Md	
Mother's Maiden Name: Martha Sparrow		Mother's Birthplace: F. Co Md	
Name of person giving information: Mrs. Chas. Gardner		How related to deceased: Sister	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights disease		How long: 20
Immediate: Uraemia		How long: Few hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: J. M. Goodman, M.D.	
	Address: Castle Bldg.	
Accident or Suicide?		

LIBRARY BUREAU A86016

Name in full

Joseph Coffman

Certificate of Death

Died at Town Sabillasville County Frederick MARYLAND

Date 1904 Month Apr. Day 4 | Age Y. 86 M. 2 D. 24 | Native of | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband of Wife Margaret A. Coffman

Father's Name Geo. Coffman | Mother's Maiden Name Mary Eyler

Cause of Death: Primary Cancer. How long sick 6 mos

Immediate

Accident, Suicide, Homicide

Reported by C. L. Wachter

Address Sabillasville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7889

Name in Full: James A Dale

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Buckeystown | (County): Frederick

Date of death	Month	Day	Age	Months	Days
1904	April	14	84		

Sex: Male | Color or Race: White | Birthplace: Md.

Occupation: Farmer | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: John R Dale | Father's Birthplace: Baltimore

Mother's Maiden Name: Melosa Ogle Buchanan | Mother's Birthplace: Annapolis

Name of person giving Information: Mrs Baughen (Sister) | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlarged Prostate with cystitis | How long:

Immediate: Uraemia | How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Y Es

Signature of Physician: Kevin Kest.

Address: Brunswick Frederick Co

Accident or Suicide?

LIBRARY BUREAU A33316

Name in Full: Charles Joseph Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catoctin Furnace — County: Frederick

Date of death 190 4 — Month: [illegible] — Day: 18 — Age: Years 0 — Months 0 — Days 14

Sex: White Male — Color or Race: White — Birthplace: Catoctin

~~Married~~, Single or ~~Widowed~~ — Occupation:

~~Name of Wife~~ or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Edelen Davis — Father's Birthplace: Fred. Co

Mother's Maiden Name: Sarah Ginglings 93 — Mother's Birthplace: " "

Name of person giving information: Chas. Davis — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. — How long: 5 Days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

~~Signature~~ of Physician: Dr. L. Creager. Undertaker

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Ida Disney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904: Month: April; Day: 18; Age: Years: 24; Months; Days

Sex: Female; Color or Race: Black; Birthplace

Married, Single or Widowed; Occupation

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving information; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full: John E. Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick | County: Frederick

Date of death 1904	Month	Day	Age: Years	Months	Days
	4	15	62	X	X

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Black	Birthplace: Md	
Occupation: Laborer	Where Residing if not at place of death: X X		
~~Married~~ Single or Widowed	Name of Wife or Husband: X X		
Father's Name: X X		Father's Birthplace: X	
Mother's Maiden Name: X X X		Mother's Birthplace: X	
Name of person giving information: Rebecca Ayres		How related to deceased: Cousin	

CAUSES OF DEATH

Primary: Natural Cause		How long: Found dead
Immediate		How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W. A. Young
	Address: City.
Accident or Suicide?	

LIBRARY BUREAU A66616

Interment at Bartonville
" April 16th 1904
A. T. Rice & Sons.

Name in Full: John D. Ellis.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died in: Town: Frederick | County: Frederick.

Date of death 1904: Month: 4 | Day: 9 | Age: Years: 53 | Months: 10 | Days: —

Sex: Male. | Color or Race: White | Birthplace: Martinsburg W Va

Married, Single or Widowed: Married | Occupation: Coach Trimmer

Name of Wife or Husband: Earthilda Ritter Bradley.

Father's Name: Daniel Ellis. | Father's Birthplace: Md.

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: Mrs Ellis | How related to deceased: Widow

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism | How long: Six months

Immediate: Cerebral Hemorrhage | How long: 10 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hetzer M.D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Marshal H Favorite

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Thurmont; County: Frederick

Date of death 190 4: Month: April; Day: 7

Age: Years: 59; Months: 11; Days: 17

Sex: male

Color or Race: white

Birthplace: Nation

Married, Single or Widowed: Married

Occupation: farmer

Name of Wife or Husband:

Father's Name: Samuel Favorite

Father's Birthplace:

Mother's Maiden Name: Mary J. McGinnis

Mother's Birthplace:

Name of person giving information: Mrs L. Crigler

How related to deceased: 12

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia — How long: 17 mos.

Immediate: General Paralysis — How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris A Bruly

Address: Thurmont Md.

Accident or Sulcide?

LIBRARY BUREAU A80916

Name in Full: Alice May Getzendaner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick Co

Date of death 190: Month: April; Day: 22

Age: 2 Years 5 Months Days

Sex: Female

Color or Race: White

Birthplace: Frederick

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Dr H F Getzendaner

Father's Birthplace: Middletown

Mother's Maiden Name: Arnetta "

Mother's Birthplace: Frederick Co

Name of person giving In formation: 6

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Meningitis — How long: 2 wks

Immediate: Convulsions — How long: Instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Hayward

Address: 17 Dr. E. St W.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Miss Martha Jane Gilbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thurmont — County: Frederick

Date of death 1904: Month: April — Day: 23 — Age: Years: 57 — Months: 2 — Days: 18

Sex: Female — Color or Race: white — Birthplace: Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: John B Gilbert — Father's Birthplace:

Mother's Maiden Name: Catherine Grimes — Mother's Birthplace:

Name of person giving information: Mrs Blanch Silcox — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma Intestines — How long: one year

Immediate: Anemia - Pneu — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Morris A Bixler

Address: Thurmont Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38516

Name in Full: Evan Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mar Ijamsville (County) Frederick 7, MARYLAND

Date of death 1904 Month 4 Day 13 Years Age 5 2 Months Days

Sex Male Color or Race Colored. Birthplace Maryland

Occupation Distiller Where Residing if not at place of death at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband Sarah Peach

Father's Name Peter Gray Father's Birthplace Dont know

Mother's Maiden Name Lucan Gray Mother's Birthplace Dont know

Name of person giving Imformation Wife - Sarah Gray How related to deceased Wife.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Bright's Disease with hypertroffy of heart How long One year

Immediate Uraemic Coma. How long 4 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician George H. Riggs M.D

Address Ijamsville Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A63016

Name in Full: Elmer C. Green

CERTIFICATE OF DEATH

MARYLAND

Town: Pleasant Walk | County: Frederick

Died at

Date of death 1904 | Month: Oct. | Day: 26 | Years: 19 | Months: 11 | Days:

Sex: Male | Color or Race: White | Birthplace: Pleasant Walk

Married, Single or Widowed: Single | Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel C. Green | Father's Birthplace:

Mother's Maiden Name: Sofia Hoffman | Mother's Birthplace:

Name of person giving information: John C. Green | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: C. Phthisis Pulmonalis | How long: 6 years

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. H. Hoke M.D.

Address: Myersville Md.

Accident or Suicide?

LIBRARY BUREAU A8918

Name in Full

Jacob Horn Jacob Hahn

Certificate of Death

Died at Town: Walkersville County: Frederick MARYLAND

Date 1924 Month: 4 Day: 24 Age: Y. 82 M. D. Native of: Germany Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate Angina Pectoris 80

How long sick 1 week

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by

Address Walkersville Md Chas W Goldsborough

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Isaac H. Hamm.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fredonia — County: Frederick

Date of death 1904 — Month: Apr — Day: 8 — Age — Years: 58 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Frederick Md

Married, Single or Widowed: Married — Occupation: Butcher.

Name of Wife or Husband: Mary Bear.

Father's Name: Fabin Hamm. — Father's Birthplace: Frederick Md

Mother's Maiden Name: Sarah Summers — Mother's Birthplace: Frederick Md

Name of person giving information: J. E. Sock. — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: Ten days.

Immediate: Heart Failure. — How long: Immediate.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Eugene Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904	Month	Day	Age: Years	Months	Days
	April	22	25		

Sex	Color or Race	Birthplace
Male	Black	Va. Co. Md

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed	Single	Occupation	Laborer.
Name of Wife or Husband	X		
Father's Name	X	Father's Birthplace	
Mother's Maiden Name	X	Mother's Birthplace	
Name of person giving Information	X	How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	Exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. J. Lyson.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary A. E. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Fred'k

Date of death 1904 — Month: 4 — Day: 3 — Age — Years: — Months: 2 — Days: 3

Sex: Female — Color or Race: Black — Birthplace: City

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. V. Johnson — Father's Birthplace: Md

Mother's Maiden Name: Mary Brown — Mother's Birthplace: "

Name of person giving Information: Wm. V. Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Several mo.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. G. Brown

Address: Frederick, Md.

Accident or Suicide: —

LIBRARY BUREAU

Name in Full: William A Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 4 — Day: 5 — Age — Years: — Months: — Days: 22

Sex: Male — Color or Race: Black — Birthplace: City

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Henry L. Johnson — Father's Birthplace: Md

Mother's Maiden Name: Helen Davis — Mother's Birthplace: Md

Name of person giving Information: Henry L Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus? 151. — How long: 3 weeks

Immediate: Sprasms. — How long: 1 Day.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Now in Attendance

Address: A. T. Rice & Sons

Undertakers & Funeral Directors

Accident or Suicide?

LIBRARY BUREAU A88316

Interment Apr 8 — 04
" at Beaumont
A J Price Lodge

Name in Full — King

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 190 — Month: 4 — Day: 3 — Age — Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

~~Married~~ Single or ~~Widowed~~ — Name of Wife or Husband: X

Father's Name: Wm H King — Father's Birthplace: Md

Mother's Maiden Name: Mrs Castle — Mother's Birthplace: Md

Name of person giving Information: Dr F. B. Smith — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Atelectasis Pulmonum — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Franklin Buchanan Smith

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A93516

Name in Full: Faye McDaniel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkersville; County: Frederick

Date of death: Month: April; Day: 22; Year: 1904

Age: Years: 23; Months: ; Days:

Sex: female

Color or Race: white

Birthplace:

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Rev.

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis.

How long: 21

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John D. Nicodemus

Address: Walkersville, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph D. Main

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Knoxville — County: Frederick

Date of death 1904: Month: April — Day: 24 — Age: Years: 71 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Frederick Co Md

Married, Single or Widowed: Married — Occupation: Merchant

Name of Wife or Husband: Sarah Ashford Main

Father's Name: William Main. — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Susanah Hilbrand. — Mother's Birthplace: "

Name of person giving Information: Brother - Thos. Main — How related to deceased: Bro.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Liver — How long: 1 year

Immediate: Dropsy (general) — How long: 4 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard

Address: 17 Church St - W.

Frederick Md

Accident or Suicide?

Name In Full

Certificate of Death

Virgie May Martin

Town

County

Died at Boyerton — Frederick MARYLAND

Date 189 — Month Apr 1st — Day — Age Y. — M. 3 — D. 5 — Native of U. S. A. — Occupation [illegible]

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Earl Martin

Mother's Name Nathania Martin

Cause of Death — Primary Influenza — How long sick 2 Wks 7 Days

Immediate Congestion — Accident, Suicide, Homicide

Reported by [illegible]

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79558

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: Jane Elizabeth Michael

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lime Kiln — County: Fred

Date of death 1904	Month	Day	Age: Years	Months	Days
	Feby	20	60	6	1

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: White	Birthplace: Md	
Married, Single or Widowed: Married	Occupation:		
Name of Wife or Husband: Wm Henry Michael			
Father's Name: Speicht		Father's Birthplace: —	
Mother's Maiden Name: —		Mother's Birthplace: —	
Name of person giving Information: E. L. Keller		How related to deceased: Son-in-law	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe		How long: 3 days
Immediate: Pleurisy		How long: 1½ days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: F. Clyde Routzahn	
	Address: Buckeystown	
Accident or Suicide?		

LIBRARY BUREAU A85516

Name in Full: William Modock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904: Month: April; Day: 6; Years: Age 66; Months; Days

Sex: Male; Color or Race: Colored; Birthplace

Married, Single or Widowed: X; Occupation: X

Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving Information: 19; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilatation of Heart. — How long

Immediate: Exhaustion of Heart. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nelson Monroe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Knoxville — County: Frederick

Date of death 1904 — Month: Apr — Day: 6 — Age — Years: 60 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: North Carolina

Occupation: Stone Mason — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Annie Monroe

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Annie Monroe 93 — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 7 days

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Leon Trout

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Alexina Pigman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: April — Day: 28 — Age — Years: A Child — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Hanson Victor Pigman — Father's Birthplace: Cumberland Md

Mother's Maiden Name: Mary E Shriver — Mother's Birthplace: Baltimore Md

Name of person giving Information: Wm Markey Jr — How related to deceased: Brother in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ulcerative Endocarditis — How long: 3 weeks

Immediate: Embolic Paralysis of Brain — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D W McCrumpton Coroner

Address: Frederick Md

Accident or Suicide? no

LIBRARY BUREAU A8U516

Name in Full: Mary E Pleasant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: Month: 4; Day: 16; Year: 1904; Age: Years: 1; Months: 8; Days: 25

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name: Isaac Pleasants; Father's Birthplace: Md

Mother's Maiden Name: Mary Tyler; Mother's Birthplace: Md

Name of person giving information: Mary Pleasant; How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 1 year

Immediate: Ex hemorrhage; How long: 6 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Long

Address: 37 E Patrick St

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Richard G. Plummer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904: Month: Apr; Day: 16; Age: Years: 31; Months; Days

Sex: Male; Color or Race: White; Birthplace

Married, Single or Widowed; Occupation

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miliary Tuberculosis; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lyson.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full Arthur Pryor

Certificate of Death

Died at Town Sabillasville County Frederick MARYLAND

Date 1904 Month April Day 26 | Age Y. 2 M. — D. 29 | Native of Sabillasville | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of years Long~~

Husband of
Wife

Father's Name Cassenius Pryor | Mother's Maiden Name Josephine Pryor

Cause of Death — Primary Pneumonia | How long sick One week

Immediate

~~Accident, Suicide, Homicide~~

93

Reported by G. L. Wachter M. D

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 29808

Name in Full: William Isaac Rhodes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Creagerstown; County: Fredk

Date of death 1904: Month: April; Day: 22d; Age: Years: One; Months: one; Days:

Sex: Male; Color or Race: White; Birthplace: Creagerstown

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: Samuel D. Rhodes; Father's Birthplace: Adams Co Pa

Mother's Maiden Name: Annie Kolb; Mother's Birthplace: Creagerstown

Name of person giving information: Samuel D. Rhodes; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Meningitis; How long: two weeks

Immediate: Convulsions; How long: about one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. S. Young

Address: Creagerstown Fredk Co

Accident or Suicide?

LIBRARY BUREAU Assets

Name in Full: William Roberson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hopeland — County: Kent

Date of death: Month: Sept — Day: 10 — Year: 1904 — Age: 38 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: farming — Where Residing if not at place of death: Pa

Married, Single or Widowed: married — Name of Wife or Husband: Martha Parkwood

Father's Name: Geo A Roberson — Father's Birthplace: Md

Mother's Maiden Name: Hannah ~~Robinson~~ Spencer — Mother's Birthplace: Md

Name of person giving information: Geo A Roberson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Seven Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W Peden Undertaker

Address: Dickerson Md Route #22

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Lucy May Rothenhoefer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Yellow Springs (Town) Frederick (County)

Date of death 1904: April (Month) 16 (Day)

Age: 2 Years 10 Months 19 Days

Sex: Female

Color or Race: White

Birthplace: Md.

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband: —

Father's Name: John L. Rothenhoefer

Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Swartz

Mother's Birthplace: Md.

Name of person giving information: Jno. L. Rothenhoefer

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles

How long: about 10 days

Immediate: Meningitis & Asthenia

How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. N. Hefflefinger M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full Sarah Maria Sands

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Petersville — County: Frederick

Date of death: 1904 — Month: 4 — Day: 22 — Age: Years 17 — Months — — Days —

Sex: Female — Color or Race: Colored — Birthplace: Pittsburg

Occupation: — Where Residing if not at place of death: Petersville

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Joseph A Sands — Father's Birthplace: Virginia

Mother's Maiden Name: Sally " — Mother's Birthplace: Petersville

Name of person giving information: J Wash Mathews — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 Months

Immediate: " — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml Clagett

Address: Petersville Md

Accident or Suicide? —

LIBRARY BUREAU A88016

4ft 2 in

Name in Full: Harriet A. Deibert

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Fredrick — MARYLAND

Date of death: Month: April — Day: 18 — 1904

Age: Years: 52 — Months: 1 — Days: 21

Sex: Female — Color or Race: white — Birthplace: Fredrick, Md.

Occupation: Seamstress — Where Residing if not at place of death:

Married, Single or Widowed: Married (Divorced) — Name of Wife or Husband: Geo. Phelps (Divorced)

Father's Name: Geo. A. Deibert — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Deibert — Mother's Birthplace: ?

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — Capillary Bronchitis — How long: Several weeks

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J. D. Hendrix, M.D.

Address: Frederick, Md

Accident or Suicide?

LIBRARY BUREAU 4A9816

Name in Full: Bessie D. C. Shankle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Frederick

Date of death 1904 — Month: April — Day: 5th — Years: 18 — Months: 8 — Days: 19

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: School-girl

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John D. Shankle — Father's Birthplace: Md

Mother's Maiden Name: Christina Buckingham — Mother's Birthplace: Md

Name of person giving information: John Shankle — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis, Measles — How long: 2 months

Immediate: Double Pneumonia — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges M.D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Arthur Lincoln Sine

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick Co.

Date of death 1907 — Month: April. — Day: 5th — Age — Years: 33 — Months: 7 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Edinburg, Va.

Occupation: Brakeman. — Where Residing if not at place of death: Brunswick

Married, Single or Widowed: Married — Name of Wife or Husband: Mary E. Sine.

Father's Name: John Sine — Father's Birthplace: Carolina

Mother's Maiden Name: Mary C. Marshall — Mother's Birthplace: Columbia Tenn.

Name of person giving Information: L. Houck — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 Mo

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. T. Horine

Address: Brunswick Md

Accident or Suicide? no

LIBRARY BUREAU A66316

Name in Full: Infant. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: Near Myersville — County: Frederick

Date of death 1904 — Month: April — Day: 10 — Age — Years: — Months: — Days: 9

Sex: Female — Color or Race: white. — Birthplace: Near Myersville.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Geo. Smith. — Father's Birthplace:

Mother's Maiden Name: Laura Clark. — Mother's Birthplace:

Name of person giving information: 151 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity. — How long: —

Immediate: Indigestion. — How long: One week.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. N. Hoke M.D.

Address: Myersville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary E. Smeltz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904	Month	Day	Years	Months	Days
	4	21	Age 52	10	4

Sex: Female | Color or Race: White | Birthplace: Frederick Co Md.

Occupation: House Wife | Where Residing if not at place of death: Same

Married, Single or Widowed: Married | Name or Wife or Husband: D. S. F. Smeltz

Father's Name: John H. Bowers | Father's Birthplace: Fr. Co Md

Mother's Maiden Name: Mary E. Scholl | Mother's Birthplace: " " "

Name of person giving information: D. S. F. Smeltz | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease | How long: about 5 yrs.

Immediate: Asthenia & Coma | How long: 4 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. N. Haffner M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Interment Afr 28
at Mt Olivet
" A. F. Rice Alcd.

Name in Full: Theodore Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Foxville — County: Frederick

Date of death 1904: Month: April — Day: 14 — Age: Years: 46 — Months: 5 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Frederick

~~Married, Single or Widowed~~ — Occupation: Farmer

~~Name of Wife or Husband~~

Father's Name: David Smith — Father's Birthplace: Frederick

Mother's Maiden Name: Margaret Biderman — Mother's Birthplace: "

Name of person giving information: Wm. Jones Neb — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Diphtheria — How long: 5 days

Immediate: Diphtheria — How long: 5 d

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Ly Jarboe

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A68018

Name in Full: Lexter Lamar Staub

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lelyar — County: Frederick

Date of death 1904: Month: April — Day: 17

Age: Years: — Months: 2 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Lelyar Md.

Married, Single or Widowed: ✓ — Occupation: 95 ✓

Name of Wife or Husband: ✓

Father's Name: Deborfort Oscar Staub — Father's Birthplace: -

Mother's Maiden Name: Ida Susan Virginia Rogers — Mother's Birthplace: Catoctin Md

Name of person giving information: Mother of child — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of lungs — How long: 5 days

Immediate: Convulsions { General Asthenia — How long: ✓

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C A. Stultz

Address: Woodsboro Md.

Accident or Suicide? ✓

LIBRARY BUREAU A8816

Name in Full: Emoline Stuart

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) or near Hyattstown (County) Frederick

Date of death 1904 (Month) April (Day) 12th (Years) Age about 61 (Months) (Days)

Sex Female | Color or Race Colored | Birthplace Frederick Co. Md.

Occupation House Keeper | Where Residing if not at place of death

Married, Single or Widowed Single | Name of ~~Wife~~ or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Thornton Stuart | Father's Birthplace not Known

Mother's Maiden Name Mary Stuart | Mother's Birthplace not Known

Name of person giving Information Stemin Stuart 79 | How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Organic Heart Disease | How long Sudden

Immediate Heart failure | How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Thomas Grumwell.

Address Sub-Registrar, Araby, R.F.D. 21. Frederick County, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Albert B. Stone

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gellard Springs — County: Frederick

Date of death 190 4: Month: April — Day: 16th

Age: Years: 2 — Months: 1 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Samuel Stone — Father's Birthplace: Md.

Mother's Maiden Name: Carrie Harris — Mother's Birthplace: Md.

Name of person giving information: C. J. Smith — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long: 10 Days

Immediate: Meningitis & Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. V. Gastoner, Md.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A86316

CERTIFICATE OF DEATH

MARYLAND

Name in Full Amanda Thomas

Died at Town: Jefferson — County: Frederick

Date of death 1904 Month: April — Day: 9 — **Age** Years: 79 — Months: 10 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Frederick Co.

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband: Ezra M. Thomas

Father's Name: John Stratton — Father's Birthplace: Frdk. Co.

Mother's Maiden Name: Charlotte Thomas — Mother's Birthplace: " "

Name of person giving information: Silas Thomas — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage (Arteriosclerosis) — How long: 5 Days

Immediate: " " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R. Crum

Address: Jefferson —

Accident or Suicide?

LIBRARY BUREAU A83310

Bunche - Ralph

Name in Full: John Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: April — Day: 8th — Age — Years: 71 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: Married — Occupation: Drayman

Name of Wife or Husband: Alcenda Thompson

Father's Name: —— — Father's Birthplace: Frederick

Mother's Maiden Name: Lucy Thompson — Mother's Birthplace: "

Name of person giving information: Alcinda Thompson — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Regurgitation (Heart disease) — How long: 1 year

Immediate: Exhaustion, Dr Pox — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. G. Bourne,

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A60816

Name in Full: Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: "

Date of death: Month 4 — Day 18 — Years Abt 60 — Months — — Days —

Sex: F. — Color or Race: Black — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: X — Name or Wife or Husband: X

Father's Name: Isaac Thompson — Father's Birthplace: Penna

Mother's Maiden Name: Flonnie Thompson — Mother's Birthplace: Md

Name of person giving Information: Isaac Thompson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Broncho — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Bowlus M.D.

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Walter R. Tidings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Fredk.

Date of death: Month: 4; Day: 29; 1904

Age: Years: 22; Months: 0; Days: 28

Sex: Male

Color or Race: White

Birthplace: Fredk Co Md

Occupation: Harness Maker

Where Residing if not at place of death: Same

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard T. Tidings

Father's Birthplace: Md

Mother's Maiden Name: Mary E. Main

Mother's Birthplace: Fredk Co Md

Name of person giving information: Lovejoy

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonum.

How long: Dont Know

Immediate: Tuberculosis (Laryngeal) Asthenia

How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Fahrney

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A86516

Interment at Mountain dale
" May 1st 04
A. J. Rice & Sons

Name in Full: Mary Louise Pitaford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death 1904 — Month: March — Day: 26 — Age — Years: — Months: 2 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Brunswick

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Pitaford — Father's Birthplace: Md

Mother's Maiden Name: Bertie Reed — Mother's Birthplace: Md

Name of person giving information: Geo Pitaford — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Capillary Bronchitis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. J. Horine

Address: Brunswick

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full Taylor

Certificate of Death

Died at Town Jefferson County Frederick MARYLAND

Date 19 Apr 21 1947 Month Day 15

Age Y. 10 M. 1 D. 9

Native of Maryland

Occupation

Male White Married Widow Divorced

Female no Colored Single yes Widower Number of children living

Husband of

Wife

Father's Name Robert Taylor

Mother's Maiden Name Lizzie Stull

Cause of Death: Primary Measles

How long sick

Immediate Spinal Meningitis

Accident, Suicide, Homicide

Reported by Charles Spurgeon Endicker

Address Bloomfield Mechanicsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: None 6,

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Monrovia — County: Frederick

Date of death: 1904 — Month: April — Day: 9th. — Years: Not Known — Age: (child) — Months — Days

Sex: Male — Color or Race: White — Birthplace: Not Known

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Not Known — Father's Birthplace

Mother's Maiden Name: Not Known — Mother's Birthplace

Name of person giving Imformation: John Kelley — How related to deceased

CAUSES OF DEATH

Primary — How long

179

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? as near as known.

Signature of Physician: R. B. Randle, Md.

Address: New Market, Md.

Accident or Suicide? No Physician.

LIBRARY BUREAU A868.16

Name in Full

Naomi Virginia Williard

Certificate of Death

Died at Town: Sabillasville County: Frederick MARYLAND

Date 1904 Month: April Day: 27 | Age Y.: . M.: . D.: 25 | Native of: Sabillasville | Occupation: ~~~

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widowed~~ Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name: Alonzo Williard Mother's Maiden Name: Virginia Hilbride

Cause of Death: Primary: Pneumonia — How long sick: 5 days

Immediate: Brain Complication — ~~Accident, Suicide, Homicide~~

Reported by: C. L. Wachter M. D

Address: Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full: Thomas H. Williard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: April — Day: 23 — Age: Years 77 — Months + — Days

Sex: Male — Color or Race: White — Birthplace: Frederick County

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband: Jane Blessing Williard

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Thomas E. Williard — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: Do not know

Immediate: Uraemia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. E. Smith.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

C. H. Tuttle
Bismarck
N.D.

Name in Full: Charles M. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick Co

Date of death 1904: Month: Apr; Day: 12; Age: Years: 31; Months; Days

Sex: Male; Color or Race: White; Birthplace

~~Married~~, Single or ~~Widowed~~; Occupation

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long

Immediate: Exhaustion; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88518